



The Michigan Health Information Network Initiative

**January 2007
Regional Meetings**

Overview: What Sets Michigan Apart?

- Held stakeholder forums
- Completed a statewide planning process with a diverse and broad set of stakeholders
- Recommending a regional approach
- Significant support from the Governor
- Significant support from the Legislature
- Funds appropriated to support regional activities

“In Michigan, we will help our health care industry stop depending on your memory and their paper records as databanks. We are going to use technology to vastly improve the system.”

- ***Governor Granholm, 2006 State of the State Address***

Calendar of Events

- **Summer 2005** – Stakeholder Forms
- **December 2005** – HIT Kickoff Conference
- **April 2006** – Launch MiHIN *Conduit to Care*
- **May 2006** – HIT Commission signed into law
- **October 2006** – HIT Commission Convened
- **December 2006** – Report Released Publicly
- **December 2006** – Request for Proposals are issued for \$5 million in funding to support regional initiatives

2005 Stakeholder Forum

- Purpose: Hear perspectives of key stakeholders
- Participants included representatives from:
 - Auto industry
 - Unions
 - Health systems
 - Insurers/health plans
 - State and Local agencies
 - Physicians
 - Pharmacists
 - Nurses
 - Researchers
 - Consumers

Stakeholder Forum Results

- Agreement on these two principles was nearly unanimous in Public Sector Consultant Surveys:
 1. Patient-Centered
 - Patient access to and ownership of information should be at the center of health IT policy
 - Health care quality improvement should drive health IT initiatives
 2. Collaborative
 - An interoperable health IT system that allows appropriate, privacy-protected access to data in a common format

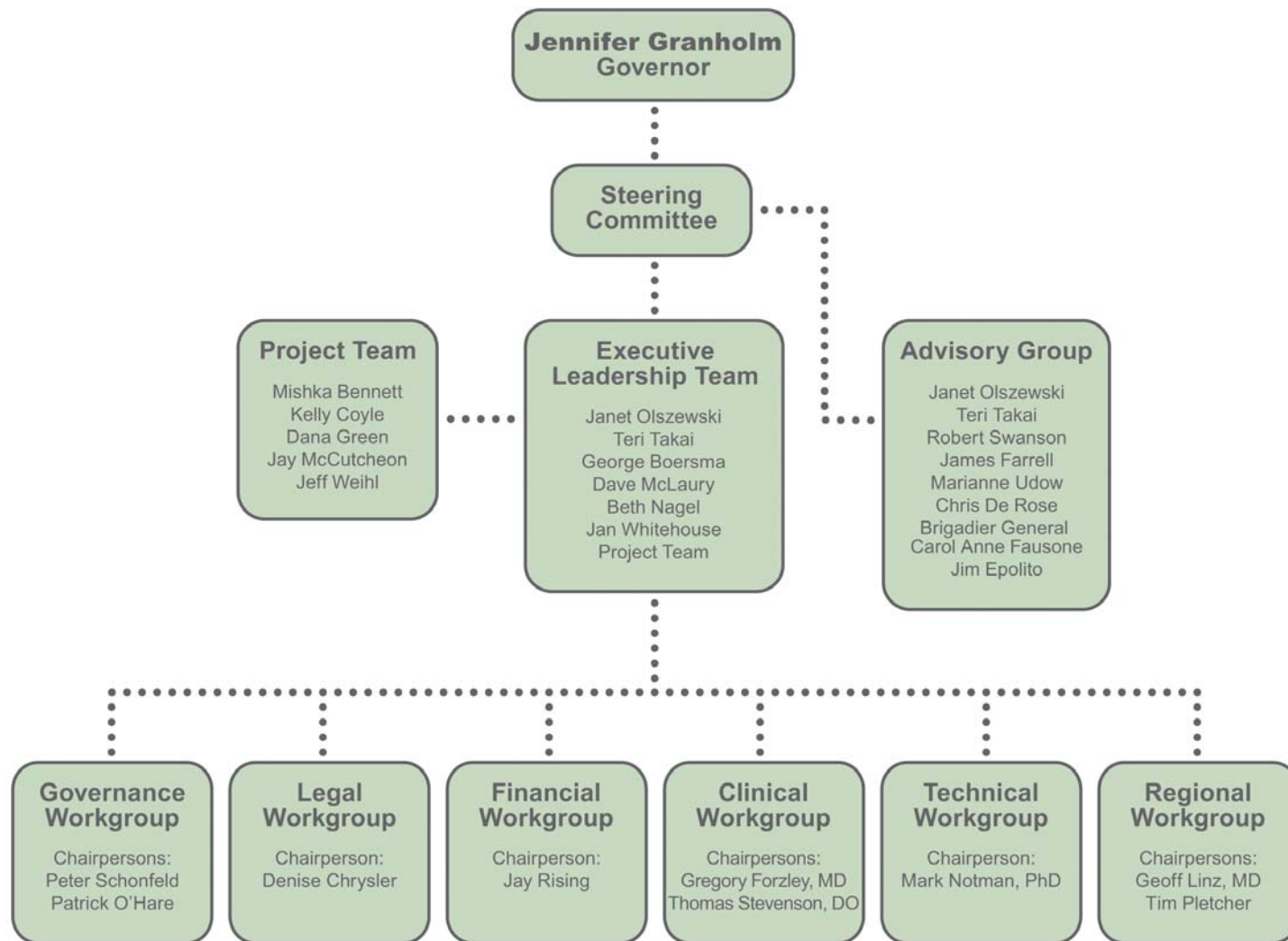
MiHIN Background

- **From stakeholder feedback, Governor created the MiHIN**
 - Began April 2006 on a 180-day mission to create a roadmap for Michigan
 - Joint effort of MDCH and MDIT
 - Over 200 Michigan stakeholders volunteered their time

MiHIN Mission

MiHIN will articulate a path to develop a health information network connecting health care communities across the State of Michigan, with an infrastructure and governance model for long-term sustainability through public-private partnership.

MiHIN Organization Chart



MiHIN Report Development Process

- Steering Committee set vision and approved direction
- Six work groups contributed to the details of the report, incorporating consumer and other stakeholder perspectives
- Recommendations synthesized under direction of the Executive Leadership, Workgroup Leadership and Project Management Teams
- Steering Committee reviewed draft report and provided input
- Steering Committee accepted final report and recommended delivery to the Governor



**Conduit to Care:
Michigan's e-Health
Initiative**

December 2006

With support and assistance by the Michigan
Department of
Community Health and the Michigan Department
of Information Technology



The MiHIN Conduit to Care
Report was released on
December 11, 2006

An electronic copy can be found
at the following website:

www.michigan.gov/mihin

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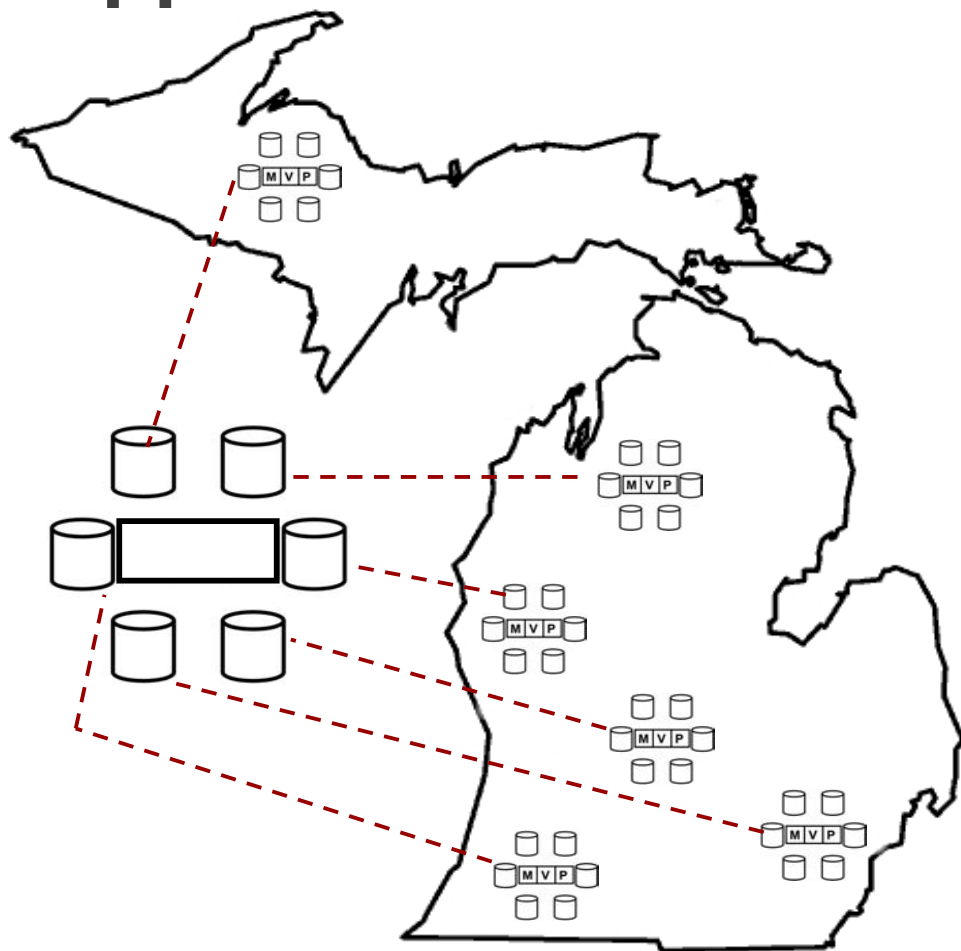
Introduction: HIT vs. HIE

- MiHIN Conduit to Care focused on Health Information Exchange (HIE)
- HIE is an infrastructure to enable movement of health care information electronically across organizations within a region or community. It must also have an agreed upon business relationships and processes to facilitate information sharing across organizational boundaries
- Health Information Technology (HIT) is the use of computer software and hardware to process health care information electronically, thereby allowing for the storage, retrieval, sharing and use of the information
- HIT can be used to support HIE

Introduction: MiHIN Will Focus on Communities

1. Wide-spread recognition of the need for health information technology and exchange/interoperability at the national level
2. While federal leadership and national standards are needed, *healthcare indeed is local* and leadership is important at the state, regional and community levels across the country
3. Need for collaboration and development of consensus on a shared vision, goals and plan is needed among multiple, diverse stakeholders at the *state and regional level* in order to get this work done

Introduction: Regional & Statewide Approach



Michigan is the 8th largest state, so one HIE for the entire state will not work. Therefore, the regional emphasis is a critical aspect of the Michigan approach.

Michigan will be comprised of multiple Regional HIE initiatives.

In the future, a state-level organization can facilitate exchange of data between the Regional HIEs.

***Conduit to Care* Guiding Principles**

- Consumer privacy, security and confidentiality are paramount
- Clinical data will only be utilized for the clinical care process.
- Multi-stakeholder collaboration is needed to implement achievable and measurable initiatives in order to show early progress and value.
- The delivery of health care is local; therefore, health information initiatives at the regional level are critical.

***Conduit to Care* Recommendations**

1. Evolution of the Patient Health Record

- Phase A: Making Patient Data Available
- Phase B: Aggregating Each Patient's Data for Care, Quality, and Patient Safety
- Phase C: Empowering Michigan Citizens

2. Role of State of Michigan Government

- Legal Interpretation and Consensus
- Standard Setting – Technical Support
- State-wide Coordination
- Administration of State-wide Funding
- Education and Marketing

Evolution of the Electronic Patient Health Record

Phase A

Making Data Available



Tomorrow:

Move healthcare data out of distributed “silos” to authorized users and exchange patient healthcare data in a systematic way

Phase B

Aggregating Data for Quality & Patient Safety



Future:

Assembling patient records from multiple sources for viewing patient history

Phase C

Empowering Michigan Citizens



Goal:

“My personal health record.”
PHR is part of the overall network of information resources

Phase A: Making the Patient Data Available

Phase A

Making the Patient's Data Available



Tomorrow:

Move healthcare data
out of distributed “silos”
to authorized users and
exchange patient healthcare
data in a systematic way

- A regional health information exchange (HIE) will be formed to provide new results delivery service
- The regional HIE maintains a comprehensive directory of customers, authorizations, and delivery instructions
- Clinical providers work with staff from the HIE to direct their results and report transactions to the regional HIE for delivery
- Physicians can decide how they want the results delivered – to a fax, printer, computer or other methods
- As the HIE evolves, it can provide interfaces for physician practice EMR or other HIT applications.

Phase A: Benefits

Phase A

Making the Patient's Data Available



Tomorrow:

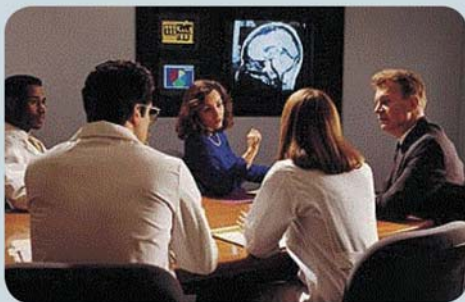
Move healthcare data out of distributed “silos” to authorized users and exchange patient healthcare data in a systematic way

- Frees the data from silos by creating secure, robust information delivery pipelines
- Moves from paper to electronic transactions, which improves efficiency
- Streamlining results delivery process, which reduces cost
- Does not change physician workflow
- Creates a single source for delivering results from a multitude of clinical service providers – labs, hospitals, imaging centers, behavioral health centers etc.
- Can support physician EMRs with a library of interfaces for result delivery

Phase B: Aggregating Each Patient's Data

Phase B

Aggregating Each
Patient's Data for Care,
Quality & Patient Safety



Future:

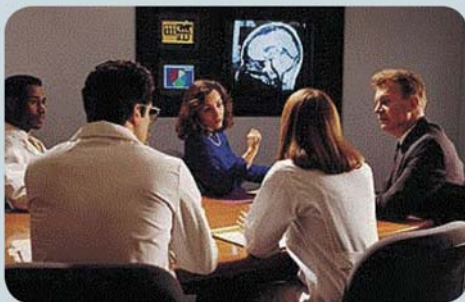
Assembling patient records
from multiple sources for
viewing patient history

- Building on Phase A, data would then be standardized to facilitate retrieval at the point of care
- Standards include vocabulary, master patient index, and master provider index
- The regional HIE would receive clinical transactions and integrate with patient index to match records.
- The HIE would transform data to the standards and add to the patient's clinical summary record
- Regional HIE works with members to make data storage decision
- Authorized physicians can access a patient's patient clinical summary in order to make patient care decisions

Phase B: Benefits

Phase B

Aggregating Each
Patient's Data for Care,
Quality & Patient Safety



Future:

Assembling patient records
from multiple sources for
viewing patient history

- Assembles an electronic clinical data summary of each patient from across many sources of care.
- Supports real-time clinical decision making
- Allows pertinent patient information to be available in emergency rooms to facilitate fast, high-quality patient care
- Assists in meeting quality and efficiency goals – such as improved patient safety
- Reduces errors from not knowing patient history
- Reduces duplication of tests and procedures
- Decreases the reliance on patient or family member memories of health history

Phase C: Empowering Michigan Citizens

Phase C Empowering Michigan Citizens



Goal:

“My personal health record.”
PHR is part of the overall
network of information
resources

- With Phases A & B in places, the requisite infrastructure is available to export patient data to a personal health record (PHR)
- A PHR is a software application, which individuals can use to maintain and manage their health information in a private, secure and confidential environment
- A PHR may be offered by an insurer, employer or other authorized care provider
- The individual consumer is the primary user of the PHR and may allow access to all or part of the PHR to anyone – doctor, family, summer camp or insurance company

Phase C: Benefits

Phase C Empowering Michigan Citizens



Goal:

“My personal health record.”
PHR is part of the overall
network of information
resources

- Provides greater empowerment for consumers – each person controls his or her own PHR
- Allows patients to have the choice to include information from one’s entire lifetime and from all health care providers
- Encourages consumers to take a much more active role in health care treatment decisions
- Provides physicians with additional historical information for decision making
- Further assists in meeting quality and efficiency goals

Recommendations for Role State of Michigan Government

Functions to be implemented at a state-level to support the MiHIN and regional initiatives are summarized in the following categories:

1. Legal Interpretations and Consensus
2. Standard Adoption/Technical Support
3. Statewide Coordination
4. Fundraising and Administration of Statewide Funding
5. Education and Marketing

Role of State of Michigan Government

Legal Interpretation and Consensus

1. Reduce legal and regulatory restrictions for the sharing of electronic health data
2. Establish or strengthen state laws to protect consumers against security breaches
3. Facilitate statewide consensus of legal opinion

Role of State of Michigan Government

Standard Adoption and Technical Support

1. Advocate for the use of national standards (e.g., for interoperability)
2. Provide a forum for regional input to national standard setting bodies
3. Promote the development of a statewide master patient index and a record locator service (RLS)
4. Identify and develop HIT and HIE solutions for medically under-served areas, technology challenged areas or areas falling between regional HIEs

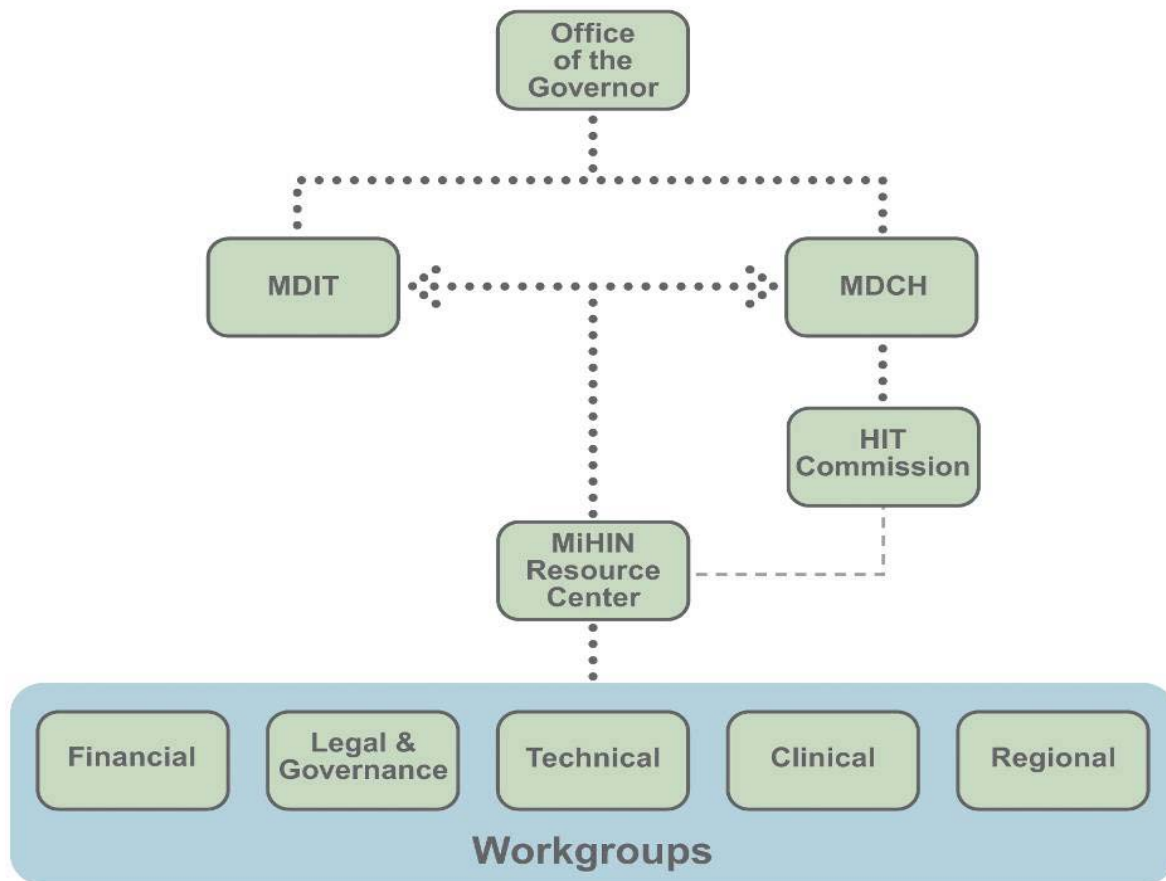
Role of State of Michigan Government

Statewide Coordination

1. Establish the MiHIN Resource Center
2. Leverage existing MiHIN workgroup structure
3. Provide resources to Michigan's HIT Commission
4. Encourage regional HIEs to move toward the exchange and interoperability of clinical data
5. Conduct statewide medical trading area analysis

Role of State of Michigan Government

Establishment of a
MiHIN Resource
Center



..... Direct Reporting
----- Indirect Communications

Role of State of Michigan Government

1. Fundraising and Administration of Statewide Funding

- Set criteria and align incentives for HIE recognition, support, and funding

2. Education and Marketing

- Encourage collaboration and communication amongst stakeholders regarding *Conduit to Care*

Health Information Technology Commission

- Created by Public Act 137
- An advisory commission within MDCH
- Purpose is to “*facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure*”
- Consists of 13 members appointed by the Governor

Health Information Technology Commission

- Met for the first time in October 2006
- Meets monthly in 2007
- All meetings are open to the public
- Meeting minutes, meeting location and time information, and other information is available at:

www.michigan.gov/mdch

Funding to Support Regional Efforts

- MDCH FY 07 Budget contains \$5 million to support regional HIE efforts
- Two Requests For Proposals (RFP) were released on December 11, 2006
 - Statewide HIE Resource Center
 - Planning and Implementation Grants for Regional HIEs
- RFPs are available at MDCH's website:
www.michigan.gov/mdch

Funding for Regional HIEs and Resource Center

- Goal of Statewide HIE Resource Center:
 - *assist the regional HIE efforts across the state by providing assistance and knowledge in order to increase the adoption rate and successful implementation of regional HIEs across Michigan*
- Goal of the Planning Grant:
 - *develop a feasible plan for the implementation of a HIE that will follow adopted standards and show how they plan to use HIE to improve the quality of care in specific Michigan regions*
- Goal of the Implementation Grant:
 - *create a regionally based HIE with documented measurable outcomes, a high level of stakeholder involvement, and a realistic plan for long-term sustainability*

Regional Meetings:

- MDCH & MDIT are holding regional meetings throughout the state:
 - Lansing – January 16
 - Grand Rapids – January 16
 - Southeast Michigan – January 17
 - Gaylord – January 18
- Goals:
 - Promote MiHIN
 - Increase understanding of MiHIN goals and vision
 - Raise awareness of the RFPs
 - Get stakeholders involved
- See www.michigan.gov/mihin for details

How can you get involved?

- See yourself as a stakeholder
 - Everyone is a health care stakeholder: employers, employees, business owners and consumers etc.
- Get involved in your community
 - Join the Health Information Exchange efforts in your area
- Get involved at the state level
 - Come to HIT Commission meetings
 - Contact MDCH to keep you up-to-date on volunteering for work groups
- Inform others
 - Help your friends, family, and community members to understand the uses and benefits of HIE and HIT